Policy Name	Policy Number:
Partial/Light or Temporary Sedation	**0280**
	Effective Date: February 6, 2008
Approved By: Management Committee	Date Revised: March 4, 2008 September 2009 June 15, 2011
Classification: Pain and Symptom Control	Page No: Page 1 of 4

POLICY

Light or Temporary sedation is used at Agapé Hospice for relief of distressing symptoms that are not responding to current medication regime. Alberta Health Services (AHS), Calgary Zone, Clinical Practice Guidelines for: Palliative Sedation defines light and temporary sedation as follows: **Temporary sedation** is defined as complete sedation with the intention of reversal within a limited time**. Partial/Light sedation** is the use of benzodiazepines, neuroleptics, and other drugs for the management of symptoms where their use is to provide partial sedation.

PROCEDURE

1. **Partial/Light** sedation as defined above may be ordered by the attending physician in combination with the current medication regime in order to provide relief of distressing symptoms. Palliative Sedation Criteria Checklist **would not** have to be filled out. The physician's order must indicate the desired level of sedation using an approved patient response monitoring tool (i.e. Richmond Agitation Sedation Scale (RASS)).

2. Temporary sedation will follow the same protocol as Palliative Sedation.
   All items on the "Palliative Sedation Criteria Checklist" must be completed and the desired level of sedation must be indicated using an approved patient response monitoring tool (i.e. RASS).
   a. Documentation of refractory symptoms/suffering
   b. Palliative measures previously attempted
   c. Outcomes of previously attempted palliative measures
   d. Goals of Care Designation completed
   e. Terminal Diagnosis
   f. Prognosis is hours to days
   g. Refractory symptoms present and validated by a Palliative Care Physician who is experienced in pain and symptom management
   h. Informed consent obtained by resident or proxy decision maker
   i. Health advocate and/or family members informed.

3. All members of the interdisciplinary team should be involved in the decision for temporary palliative sedation. The inability to involve all interdisciplinary team members does not preclude initiation of temporary palliative sedation for symptom control.

CROSS REFERENCE

Policy 0255 --Palliative Sedation

REFERENCE

Alberta Health Services, Calgary Zone – Clinical Practice Guidelines for Palliative Sedation, Pages 1-5, 2009

Richmond Agitation Sedation Scale (RASS)
(modified for palliative care – Calgary 2011)

+4	**Combative**	**Combative, violent, immediate danger to staff**
+3	**Very agitated**	**Pulls or removes tube(s) or catheter(s);aggressive**
+2	**Agitated**	**Frequent non purposeful movement, fights ventilator**
+1	**Restless**	**Anxious, apprehensive but movements are not aggressive or vigorous**
0	**Alert and calm**	
-1	**Drowsy**	**Not fully alert, but has sustained awakening to voice (eye opening & contact >10 sec)**
-2	**Light sedation**	**Briefly awakens to voice (eye opening & contact <10 sec)**
-3	**Moderate sedation**	**Movement or eye opening to voice (but no eye contact)**
-4	**Deep sedation**	**No response to voice, but movement or eye opening to physical stimulation**
-5	**Unarousable**	**No response to voice or physical stimulation**

Procedure for RASS Assessment

Observe Patient

- Patient is alert, restless, or agitated (**score 0 to +4)**

If not alert, state patient's name and *say* to open eyes and look at speaker:

- Patient awakens with sustained eye opening and eye contact. (**score -1)**
- Patient awakens with eye opening and eye contact, but not sustained. (**score -2)**
- Patient has any movement in response to voice but no eye contact. **(score -3)**

When no response to verbal stimulation, observe patient when providing physical nursing care:

- Patient has any movement to physical nursing care (**score -4)**
- Patient has no response to any physical nursing care **(score -5)**

Palliative Sedation Criteria Checklist

Documentation of refractory suffering:

_____
_____
_____

Palliative measures previously attempted:

_____
_____
_____

Outcomes of previously attempted palliative measures

_____
_____
_____
_____

- ☐ C2 Goals of Care Designation
- ☐ Terminal diagnosis
- ☐ Refractory symptoms present and validated by a Palliative Care physician
- ☐ Prognosis is hours to days
- ☐ Informed consent obtained by patient or substitute decision maker

Physicians Orders: clearly documented in chart:

- ☐ Medication(s) that are to be used, include dosages, route and frequency
- ☐ Desired level of sedation, according to an approved patient response monitoring tool (ie: RASS), must be indicated in the orders
- ☐ A clear schedule of assessment must be charted (i.e. during initiation of therapy q30min monitoring until dose is adjusted to a stable dose, then q2-4h)
- ☐ Once a patient is sedated, medications are not increased unless there is evidence of renewed distress, which should be documented in the patient's chart.
- ☐ Sedation will not be attempted by increasing opioid dosages, but opioids will be continued at the previous level in order to ensure pain management and to prevent opioid withdrawal

Nursing Staff:

- ☐ Clearly document in chart your assessment, medications used (dosage, route, frequency) and the effect that medication had on the patient (i.e. level of sedation)
- ☐ Once a patient is sedated, medications are not increased unless there is evidence of renewed distress, which should be documented in the patient's chart
- ☐ If physician gives a dosage range for a particular medication, clearly document in the chart why any increased dose of medication was used (i.e. renewed distress/agitation/myoclonus)
- ☐ Notify the attending physician if the desired level of sedation is not achieved (i.e. despite use of the higher end of dosage range, or despite use breakthrough doses)

_____ _____

Attending Physician Signature Date